

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

, 2011, and ending

, 20

B Check if applicable:

☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending

C Name of organization

RIA MIA KIA HONOR GUARD INC

Number and street (or P O box, if mail is not delivered to street address)

PO BOX 90018

City or town, state or country, and ZIP + 4

Phoenix, AZ 85016

D Employer identification number

35-2354340

E Telephone number

(602) 305-9794

F Group Exemption

Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

H Check ☒ if the organization is not required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☐ 501(c) (insert no) ☐ 4947(a)(1) or ☒ 527K Check ☒ if the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

1	Contributions, gifts, grants, and similar amounts received		1	RECEIVED
2	Program service revenue including government fees and contracts		2	
3	Membership dues and assessments		3	
4	Investment income		4	MAY 16 2013
5a	Gross amount from sale of assets other than inventory	5a	5c	OGDEN, UT
b	Less cost or other basis and sales expenses	5b		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
6	Gaming and fundraising events			
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		
10	Grants and similar amounts paid (list in Schedule O)	10		
11	Benefits paid to or for members	11		
12	Salaries, other compensation, and employee benefits	12		
13	Professional fees and other payments to independent contractors	13		
14	Occupancy, rent, utilities, and maintenance	14		
15	Printing, publications, postage, and shipping	15		
16	Other expenses (describe in Schedule O)	16		
17	Total expenses. Add lines 10 through 16	17		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21		

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2011)

SCANNED JUL 30 2013

ENVELOPE POSTMARK DATE MAY 13 2013

0423291513 JUL 18 2013

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Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0 22	0
23 Land and buildings	0 23	0
24 Other assets (describe in Schedule O)	0 24	0
25 Total assets	0 25	0
26 Total liabilities (describe in Schedule O)	0 26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	0

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? **VETERANS ORGANIZATION**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
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28	CEREMONIES TO HONOR VETERAN-RELATED HOLIDAYS, VETERANS' FUNERAL SERVICES, NATIVE AMERICAN CEREMONIES, VIETNAMESE VETERANS CEREMONIES, AND CITIZENSHIP CEREMONIES FOR ACTIVE	
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a
29		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a
30		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) ▶	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of DAVID CARRASCO Telephone no 602-305-9794 Located at 2229 W SAINT ANNE AVE Phoenix, AZ ZIP + 4 85041		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47		
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

Date

DAVID CARRASCO, DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

LINDA YOUNG

Preparer's signature

Date

04-26-2012

Check ☐ If self-employed

PTIN

P00223499

Firm's name **LIBERTY TAX SERVICE**
Firm's address **7227 S. CENTRAL AVE.**
Phoenix AZ 85042

Firm's EIN

Phone no

602-304-1999

May the IRS discuss this return with the preparer shown above? See Instructions

☐ Yes ☒ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

PIA MIA KIA HONOR GUARD INC

Employer identification number

35-2354340

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____ ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule A (Form 990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II)

(If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			3,153			3,153
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under sec 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5			3,153			3,153
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						3,153

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6			3,153			3,153
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)			3,153			3,153
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	100.00	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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Part IV**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10,

Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

Qualifies for Public Charity Status Multiple Reasons

PARTICIPATES IN CEREMONIES TO HONOR VETERAN-RELATED HOLIDAYS, VETERANS' FUNERAL SERVICES,

NATIVE AMERICAN CEREMONIES, VIETNAMESE VETERANS' CEREMONIES, AND CITIZENSHIP CEREMONIES

FOR ACTIVE MILITARY.

AUDIENCES IN EXCESS OF 100 PEOPLE ARE BENEFICIARIES. APPROXIMATELY EIGHT MEMBERS INVOLVED

IN CEREMONIES.



Department of Treasury
Internal Revenue Service
Ogden UT 84201-0016

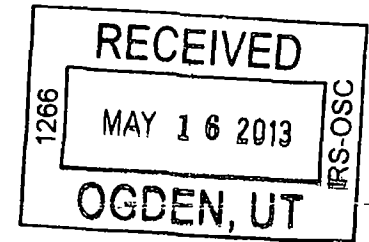
Notice	CP259H
Tax period	December 31, 2011
Notice date	December 17, 2012
Employer ID number	35-2354340
To contact us	Phone 1-877-829-5500

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036927.136362.0137.003 1 AT 0.374 870



POW MIA KIA HONOR GUARD, INC
% DAVID CARRASCO
PO BOX 90018
PHOENIX AZ 85066-0018



Message about your December 31, 2011 Form 990/990-EZ

You didn't file a Form 990/990-EZ

Our records show that you haven't filed your Form 990/990-EZ, Return of Organization Exempt from Income Tax, for the period ending on December 31, 2011.

Unless you already filed a Form 990/990-EZ within the last four weeks, you must complete the Response Form starting on Page 3, and send it to us no later than January 16, 2013.

What you need to do immediately

If you already filed Form 990/990-EZ

- If you already filed within the last four weeks using the same name and Employer ID number (EIN) listed above, please disregard this notice.
- If you filed more than four weeks ago or used a different name or EIN, complete the Response form starting on Page 3, and mail it to us with a signed and dated copy of the return in the envelope provided.

If you are required to file Form 990/990-EZ for December 31, 2011 but haven't done so

- If you are required to file or choose to file your Form 990/990-EZ electronically, use your e-file provider to submit Form 990/990-EZ and any required schedules. You must also complete the Response form starting on Page 3 and fax it to us at 1-801-620-3253 (not a toll-free number)
- If you are not required to file electronically and want to file a paper return, complete and sign Form 990/990-EZ, any required schedules, and the Response form starting on Page 3. Mail us the forms in the envelope provided.
- If you file your return late, we will charge a penalty.

If you don't think you have to file Form 990/990-EZ for December 31, 2011

Complete the Response form starting on Page 3 to indicate whether any of the circumstances apply to you. Mail us the form in the envelope provided.

If we don't hear from you

- Because you have tax-exempt status, you must file Form 990/990-EZ. If you fail to meet your annual filing requirements for three consecutive years, you will lose your tax-exempt status.
- If you lose your tax-exempt status, you may apply for tax-exempt status by filing the appropriate application Form 1023 or Form 1024 and paying the user fee.
 - 501(c)(3) organizations complete an Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code (Form 1023)

Continued on back.

Notice	CP259H,
Tax period	December 31, 2011
Notice date	December 17, 2012
Employer ID number	35-2354340
Page 2 of 4	

If we don't hear from you - **continued**

– 501(a) organizations complete an Application for Recognition of Exemption Under Section 501(a) (Form 1024) and User Fee for Exempt Organization Determination Letter Request (Form 8718)

- If you were previously eligible to receive tax-deductible contributions and you lose your tax-exempt status, you will be removed from our list of organizations eligible to receive tax-deductible charitable contributions. See Cumulative List of Organizations described in Section 170 (c) of the Internal Revenue Code of 1986 (Publication 78).

Important reminders

You may be required to file electronically

Typically, you must file electronically if you had \$10 million or more in assets and you file at least 250 returns (such as income, excise, employment tax, and information returns like W-2s and Forms 1099) in a calendar year

For more information on electronic filing requirements, visit www.irs.gov/efile and search for Charities and Non-Profits

Additional information

- Visit www.irs.gov/cp259h.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records

If you need assistance, please don't hesitate to contact us.



Department of Treasury
Internal Revenue Service
Ogden UT 84201-0016

Notice	CP259H
Tax period	December 31, 2011
Notice date	December 17, 2012
Employer ID number	35-2354340

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INTERNAL REVENUE SERVICE
OGDEN UT 84201-0016



036927

Fold here

Response form

Complete both sides of this form, and send it to us along with your Form 990/990-EZ in the enclosed envelope. Be sure our address shows through the window.

If you are only sending us your completed Response form, you may fax it to us at 1-801-620-3253 (not a toll-free number).

Provide your contact information

If your address has changed, please make the changes below.

POW MIA KIA HONOR GUARD INC

% DAVID CARRASCO

PO BOX 90018

PHOENIX AZ 85066-0018

<input type="checkbox"/> a m	<input type="checkbox"/> a m		
<input type="checkbox"/> p m	<input type="checkbox"/> p m		
Primary Phone	Best time to call	Secondary Phone	Best time to call

1. Indicate whether any of the following circumstances apply to you

If you already filed a Form 990/990-EZ

- ☐ I already filed my tax return for December 31, 2011, and I am enclosing a signed and dated copy of the return (or confirmation of electronic filing) as verification.

Name(s) shown on return

Employer identification number (EIN) listed on the return

Is this EIN different from the one on this notice? ☐ Yes ☐ No

Form(s) filed

Tax period(s) ending date

Date tax return was filed

If you are filing late

- ☐ I'm enclosing a signed and dated copy of my December 31, 2011 return (plus any schedules and attachments).

Explain why you are filing late.

Continued on back...

Indicate whether any of the following circumstances apply to you - **continued**

If you don't think you have to file Form 990 or 990-EZ for December 31, 2011

Explain why you don't think you are required to file a Form 990 or Form 990-EZ for December 31, 2011

- ☐ My organization's gross receipts are less than \$25,000.
- ☐ My organization is a Qualified State or Local Political Organization and its gross receipts are less than \$100,000
- ☐ My organization ceased operations as of: _____, and filed a Final Form 990 on _____ (date of filing).
- ☐ Other reason for not filing (explain below, attach additional sheets if necessary)

2. Please sign and send this form to us

Under penalties of perjury, to the best of my knowledge, the information in this form is correct and complete.

Signature

Title

Date

990

Tax Exempt Diagnostic Summary

2011

Name

PIA MIA KIA HONOR GUARD INC

Employer Identification #

35-2354340

DemographicsMailing Address:

PO BOX 90018

Phoenix, AZ 85016

Phone: (602) 305-9794

Resident State: AZ

Diagnostics

Preparer: LINDA YOUNG

Invoice:

Date: 04-26-2013

Return Information

Item on Return	2011 Federal	2010 Federal (If available)
Total Revenue		
Total Expenses		
Net Excess (Deficit)		
Net Assets or Fund Balances		

State/City InformationState/CityTaxable
RevenueTotal
ExpensesChange Fund
BalanceUBITTotal
TaxRefund/
(Balance Due)

AZ